



**APPLICATION FORM
OCTOBER 2006 SESSION**

Office Use Only

☐ Registered

Season: _____

Year: _____

☐ Paid

☐ Not Registered

☐ Waiting List

Season: _____

Year: _____

Background Information (Please print):

Name: _____
First Last

Home Phone: _() _____ Home FAX: _() _____

Email address: _____

Residence Address: _____
No. & Street City Zip

I have resided/worked in Sunnyvale since: _____

Only fill out lines 1 – 4 if you work, but do not reside, in Sunnyvale:

1. Current Occupation: _____

2. Employer: _____

3. Business Phone: _() _____ Business FAX: _() _____

4. Business Address: _____
No. & Street City Zip

Emergency Notification: _____ Phone _() _____

Please answer the following questions:

1. Have you worked or volunteered for, or held office in, the City of Sunnyvale or for SVL? (Circle one) Y N

a. If yes, which department and when? _____

2. Have you participated in SVL's Leadership Sunnyvale program? (Circle one) Y N

a. If yes, when? _____

3. How did you first learn about CitySkills? _____

4. I am interested in participating in CitySkills because: _____

Please list any other pertinent background information (business, education, and community involvement) which you feel is important (you may use the back of this form if you need additional space):

I hereby absolve the City of Sunnyvale, SVL, and their employees and officers, from all liability which may arise as a result of my participation in CitySkills.

Signature of Applicant: _____

**Mail, deliver, FAX or email applications, plus a check or money order in the amount of \$15* made payable to
City of Sunnyvale to: Community Outreach Coordinator, City of Sunnyvale,
Office of the City Manager, 603 All America Way, Sunnyvale, CA 94086
PH (408) 730-7472; FAX: (408) 730-7696, Email: ncs@ci.sunnyvale.ca.us**

***Fees are refundable up to one week prior to first day of class**



A partnership program of
Silicon Valley Leadership and the City of Sunnyvale

